2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000014673

1. Entity Name
MOUNT SHERMAN, LLC

Principal Place of Business	Mailing Address
5100 TAMIAMI TRAIL N., STE #105	5100 TAMIAMI TRAIL N., STE #105
NAPLES FL 34103	NAPLES FL 34103

2. Principal Place of Business	3. Mailing Address
1424 SW 53RD TERRACE	1424 SW 53RD TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL FL	City & State: CAPE CORAL FL
Zip: 33914 Country:	Zip: 33914 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-2096611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHEW JIMMIE L	Name: CHEW JIMMIE L
5100 TAMIAMI TRAIL N., STE #105	Street Address (P.O. Box Number is Not Acceptable): 1424 SW 53RD TERRACE
NAPLES FL	City: CAPE CORAL FL Zip Code: 33914
34103 US	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________ 04/27/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: GORMAN GARY R STREET ADDRESS: 8101 E. PRENTICE AVENUE, SUITE 605 CITY-ST-ZIP: GREENWOOD VILLAGE CO 80111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gary R. Gorman MGR 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #